



Sandia National Laboratories

Operated for the U.S. Department of Energy by
Sandia Corporation

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Notice to Sandia Group Term Life Insurance Plans Participant:

The information provided in this letter describes one change to the current Group Term Life Insurance Summary Plan Description. This change only affects OPEIU-represented employees retiring after 2004.

Important Change: As last drafted (January 1, 2003), the Summary Plan Description contained the following provision: “*Employees who retire after 2008 (or after 2004 for OPEIU-represented Employees) will receive reduced amounts of post retirement insurance.*” This change in benefits was scheduled to affect OPEIU-represented employees earlier than other employees.

Pursuant to an agreement with OPEIU, the clause should now read: “*Employees who retire after 2008 will receive reduced amounts of post retirement insurance.*” OPEIU-represented employees are now subject to this plan change at the same date – after 2008 - as all other Sandia employees/retirees.

Sincerely,

Organization 10520



Sandia National Laboratories
A Department of Energy National Laboratory

Sandia Group Term Life Insurance Plans

Effective: January 1, 2003

Sandia Group Term Life Insurance Plans

The Group Term Life Insurance Plans are designed to help cushion you and your family from the financial hardship that might accompany death or loss of sight or limb as the result of an accident. The Plans consist of the *Basic* Group Term Life Insurance Plan and the *Basic Supplemental* Group Term Life Insurance Plan (herein referred to as *Basic* and *Basic Supplemental*). Sandia pays the total cost of providing this insurance. The Prudential Insurance Company of America (Prudential) is the underwriter for these Plans.

This booklet is a summary of the Group Term Life Insurance Plans as of January 1, 2003. Please read this booklet carefully and share it with your family.

The Group Term Life Insurance Plans are maintained at the discretion of Sandia. They are not intended to create a contract of employment and do not change the at-will employment relationship between you and Sandia. The Sandia Board of Directors (or designated representative) reserves the right to suspend, change, or amend the Plans at any time without prior notice, subject to applicable collective bargaining agreements. If the Plans should be terminated or changed, it will not affect your right to any benefits to which you have already become entitled.

Contents

Highlights.....	1
Summary of Plan Changes	1
Eligibility	3
Eligible Employees	3
Effective Date of Coverage	3
Costs and Amounts for Coverage	5
Costs for Coverage	5
Tax Aspects.....	5
Amounts of Coverage.....	6
Full-time Employees.....	6
Part-time Employees	7
Retirees	7
Non-Medical Limit on Amount of Coverage.....	8
Payments of Benefits.....	9
Life Insurance.....	9
Accidental Death and Dismemberment Insurance	9
Accidental Death and Dismemberment Exclusions.....	10
Beneficiaries.....	11
Choosing a Beneficiary	11
During Active Employment	11
During Retirement	11
Multiple Beneficiaries	11
Changing Beneficiaries	12
If No Surviving Beneficiary	12
Funeral Expenses	12
Coverage During Disability	13
Total Disability	13
Basic Life Insurance	13
Basic Supplemental Life Insurance	14
Coverage During Layoff or Leave of Absence	15
Layoff.....	15
Leave of Absence.....	15
Claims Information.....	17
How to File a Claim	17

How Benefits are Paid	17
Living Benefit Option.....	17
Determination of Benefits	18
Appeals of Adverse Determination	19
First Appeal	19
Second Appeal	20
Third Appeal	21
Termination and Conversion of Coverage	23
Termination.....	23
Conversion.....	23
Assignment of Life Insurance	25
Assignment.....	25
General Information	27
Contracts and Certificate	27
ERISA	27
Appendix A: Acronyms and Definitions	A-1

Highlights

This section contains a brief description of Plan changes that have been implemented since the previous Group Life Insurance Plans Summary Plan Description of January 2000.

Summary of Plan Changes

- Coverage is effective on the first day employees are actively at work in an eligible job classification
- The non-medical limit on the amount of coverage you may have without submitting evidence of good health has been increased to \$500,000.
- Employees who retire after 2008 (or after 2004 for OPEIU-represented employees) will receive reduced amounts of post-retirement life insurance.
- Benefit payments will now be made to your beneficiary via a Prudential Alliance Account.
- A Living Benefit payment option has been introduced for terminally ill participants.

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Eligibility

Eligible Employees

You are automatically covered if you are a regular employee, eligible nonregular employee, or a retiree.

Effective Date of Coverage

Your coverage becomes effective on the first day on which you are actively at work in an eligible job classification. At that time, you must complete an enrollment form provided by Sandia naming your selected beneficiaries.

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Costs and Amounts for Coverage

Costs for Coverage

The premiums for your coverage are paid in full by Sandia.

Tax Aspects

IRS Code Section 79 requires employers to include in the gross income reported for each employee and retiree the cost of life insurance coverage provided in excess of \$50,000. The taxable amount of this imputed income is calculated using IRS stipulated rates from the following table:

Age Bracket	Monthly Cost per \$1,000
Under 25	\$.05
25 to 29	.06
30 to 34	.08
35 to 39	.09
40 to 44	.10
45 to 49	.15
50 to 54	.23
55 to 59	.43
60 to 64	.66
65 to 69	1.27
70 and over	2.06

Employees who retired prior to January 1, 1984, and employees on roll as of January 1, 1984, who were at least age 55 at that time and subsequently retire, are not subject to this tax. The cost of life insurance coverage provided in excess of \$50,000 to employees who retired after December 31, 1988, will also be subject to Social Security FICA tax.

Amounts of Coverage

Full-time Employees

The amount of your *Basic* life insurance is equal to your Annual Base Pay (as that term is defined for life insurance purposes).

The amount of your *Basic Supplemental* life insurance is equal to your Annual Base Pay raised to the next higher \$1,000.

The amount of your *Basic Supplemental* accidental death and dismemberment (AD&D) insurance is equal to the amount of your *Basic Supplemental* life insurance. The amount payable depends on the type of loss sustained, as shown on page 9.

When you turn age 66, your *Basic Supplemental* coverage factor is reduced by 10% per year for five years, as shown below. This change is effective each year on your birthday. When you reach age 70 and thereafter, coverage is continued at 50%.

Example (for an employee who receives annual raises of \$1,000):

Age	Annual base pay	Basic life	Annual Base Pay raised to next \$1,000	Basic Supplemental coverage factor	Basic Supplemental	
					Life	AD&D
up to 66	\$49,000	\$49,000	\$50,000	100%	\$50,000	\$50,000
66	50,000	50,000	51,000	90%	45,900	45,900
67	51,000	51,000	52,000	80%	41,600	41,600
68	52,000	52,000	53,000	70%	37,100	37,100
69	53,000	53,000	54,000	60%	32,400	32,400
70 & up	54,000	54,000	55,000	50%	27,500	27,500

Part-time Employees

The amount of *Basic* and *Basic Supplemental* life and AD&D insurance for an eligible part-time employee with less than 10 years of service is prorated based on the number of hours the employee is scheduled to work.

For example, if you are scheduled to work 20 hours per week at an annual base pay equal to \$49,000, your *Basic* life insurance is equal to \$24,500, and your *Basic Supplemental* life and AD&D insurances are equal to \$25,000 each.

The amount of coverage for an eligible part-time employee with 10 or more years of service who is scheduled to work at least 20 hours per week will be based upon the employee's full annual base pay rate.

Retirees

The amount of your *Basic* life insurance is equal to your annual base pay on the day before retirement. This benefit is payable only to qualified family members (see Beneficiaries, page 11). If there are no qualified surviving family members, \$500 is payable to your estate.

The amount of your *Basic Supplemental* life insurance is equal to your annual base pay on the day before your retirement, raised to the next higher \$1,000. Retirees are not entitled to AD&D insurance. When you turn age 66, your *Basic Supplemental* coverage factor is reduced 10% per year for five years, as shown below. This change is effective each year on your birthday. When you reach age 70 and thereafter, coverage is continued at 50%.

Example:

Age	Annual base pay in effect at retirement	Basic life	Annual base pay raised to next \$1,000	Supplemental coverage factor	Basic Supplemental life
up to 66	\$49,000	\$49,000	\$50,000	100%	\$50,000
66	49,000	49,000	50,000	90%	45,000
67	49,000	49,000	50,000	80%	40,000
68	49,000	49,000	50,000	70%	35,000
69	49,000	49,000	50,000	60%	30,000
70 & up	49,000	49,000	50,000	50%	25,000

NOTE: Employees who retire with a service or disability pension after December 31, 2008 (or after December 31, 2004, for OPEIU-represented employees), will not receive any *Basic* life insurance during retirement. These retirees will be eligible for *Basic Supplemental* life insurance equal to their annual base pay on the day before retirement raised to the next higher \$1,000, up to a maximum of \$100,000. The *Basic Supplemental* coverage will be reduced by 10% each year when you turn 66 until you turn 70. At age 70 and thereafter, your benefit will equal 50% of your annual base pay, up to a maximum of \$50,000.

Non-Medical Limit on Amount of Coverage

There is a limit on the amount for which you may be insured without submitting evidence of good health. This is called the non-medical limit. If the annual amount of coverage based on your annual base pay exceeds \$500,000, you must provide evidence of good health that is satisfactory to Prudential in order to be insured for the amount of your pay over \$500,000.

Payments of Benefits

Life Insurance

In the event of your death from any cause, your *Basic* and *Basic Supplemental* life insurance will be paid to your beneficiary.

Accidental Death and Dismemberment Insurance

Your *Basic Supplemental* accidental death and dismemberment (AD&D) insurance pays benefits for accidental loss of life, sight, hand, or foot. These benefits are payable only if you sustain an accidental injury while you are insured, the loss results directly from that injury and no other cause, and the loss occurs within 90 days after the accident. Accidental death benefits will be paid to your beneficiary. Other benefits will be paid to you. The amount payable depends on the type of loss sustained, as shown below:

Type of Loss	Amount Payable
Loss of one hand or one foot, or the sight of one eye	50% of your AD&D insurance
Loss of any two of the above or loss of life	100% of your AD&D insurance
Note: "Loss of hand or foot" means severance at or above the wrist or ankle joint. "Loss of sight" means total and irrecoverable loss of sight.	

Not more than 100% of your AD&D insurance will be paid for all losses – including death – resulting from any one accident.

Accidental Death and Dismemberment Exclusions

AD&D insurance does not cover losses caused by

- Suicide or attempted suicide, whether the insured is sane or insane;
- Sickness, whether the loss results directly or indirectly from the sickness;
- Medical or surgical treatment of sickness, whether the loss results directly or indirectly from the treatment;
- Any infection, unless it is pyogenic and occurs through and at the time of an accidental cut or wound;
- Any act of war ("war" means declared or undeclared war and includes resistance to armed aggression).

Beneficiaries

Choosing a Beneficiary

During Active Employment

You have the right to select the beneficiary or beneficiaries of your choice for both your *Basic* and *Basic Supplemental* life and AD&D insurance. In general, your beneficiary can be any person, any association legally entitled to hold property, any corporation (except Sandia), your trust, or your estate.

During Retirement

You have the right to select the beneficiary or beneficiaries of your choice for your *Basic Supplemental* life insurance.

Your *Basic* life insurance is payable only to the first surviving class of the following qualified family members:

- Spouse (if married to you for the entire 12-month period before your death),
- Dependent children,
- Dependent parent(s).

If there is more than one beneficiary in a class, they will share equally. If there are no qualified surviving family members, \$500 is payable to your estate.

Multiple Beneficiaries

If you want to select more than one beneficiary, you must indicate the share or percentage of your coverage payable to each beneficiary. Otherwise, multiple named beneficiaries will share equally.

Changing Beneficiaries

You may change your beneficiary at any time. Beneficiary designation forms are available on Sandia's internal web or from your Sandia Benefits representative in New Mexico or California. The change becomes effective on the date the form is signed (except that it will not apply to any amount paid by Prudential prior to receipt of the change).

If No Surviving Beneficiary

If the beneficiary or beneficiaries you have selected die before you do or if you have not completed a beneficiary change form, your insurance will be payable to your estate. At Prudential's option, this insurance may be paid to your surviving spouse, children, or parents.

Funeral Expenses

Prudential may, at its option, pay up to \$500 of your *Basic* life insurance to any person appearing to be equitably entitled to the payment as reimbursement for funeral expenses.

Coverage During Disability

Total Disability

If you become totally disabled, your *Basic* and *Basic Supplemental* life and AD&D insurance are continued until you have exhausted your benefits from the Sickness Absence Plan or Job-Incurred Accident Disability Plan. If, at that time, you are not yet eligible to retire with a service or disability pension and your employment at Sandia is terminated, your *Basic* and *Basic Supplemental* life insurance (but not AD&D) may be extended for a limited time while you remain totally disabled, as provided below. Prudential will determine if you qualify as totally disabled based on your submission of satisfactory proof or evidence.

Basic Life Insurance

Your *Basic* life insurance will be extended for one year (or a period equal to the time you had been continuously insured if less than one year) if you become totally disabled before age 60. However, you may choose to convert to an individual policy within 31 days after the end of the month in which you terminate employment in place of this extended benefit (see Termination and Conversion of Coverage on page 23).

A former employee who has converted coverage may later choose to surrender the individual policy in exchange for the free extended coverage, provided all conditions for extended benefits are fulfilled.

Basic Supplemental Life Insurance

Your *Basic Supplemental* life insurance (but not AD&D) will be extended for one to three years based on your length of service, as follows:

Net Credited Service	Extension
Less than 5 years	1 year
5 to 10 years	2 years
10 to 15 years	3 years

You may convert to an individual policy within 31 days after the extension period (see Termination and Conversion of Coverage on page 23).

Coverage During Layoff or Leave of Absence

Layoff

If you are laid off, you may continue your *Basic* and *Basic Supplemental* life and accidental death and dismemberment (AD&D) insurance for a limited period by paying the required premium for that period in advance. *Basic* life insurance may be continued for up to two months, and *Basic Supplemental* life and AD&D insurance may be continued for up to six months. When your coverage terminates, you may convert to an individual policy within 31 days (see Termination and Conversion of Coverage on Page 23).

Leave of Absence

If you are granted a leave of absence, your *Basic* and *Basic Supplemental* life and AD&D coverage is automatically extended for up to one year. You may arrange to extend your coverage beyond the first year of leave by paying the required premium for that period of leave in advance.

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Claims Information

How to File a Claim

You may obtain all the forms you need to claim benefits from your Sandia Benefits representative in New Mexico or California. Your Benefits representative will also assist you or your beneficiary in filing claims.

To speed claim processing, follow the instructions on the claim forms carefully. Answer all questions fully and attach any required medical information.

Sandia will certify the insurance coverage in force and will forward the claim to Prudential.

How Benefits are Paid

Prudential's Alliance Account is a personalized interest-bearing account for beneficiaries of group life insurance proceeds. When a claim for *Basic* or *Basic Supplemental* benefits is approved, life insurance proceeds will be deposited into an Alliance Account in the beneficiary's name (or the employee's name in the event of a Living Benefit Option). Beneficiaries will receive an explanation of the Alliance Account and an initial supply of personalized checks for immediate access to their funds. They can leave it in the account to earn interest, withdraw the entire account, or write checks on the account (subject to a \$250 minimum).

Payments for amounts of less than \$5,000 (\$10,000 effective April 1, 2003) or to individuals residing outside the United States and its territories will be made in a single lump sum check rather than being deposited into an Alliance Account.

Living Benefit Option

The *Basic Supplemental* life insurance provides a "Living Benefit" payment option that allows terminally ill participants to receive a portion of their life insurance benefits before death. (This option is not available from the *Basic* life insurance.) The benefit available for advance payment under the Living Benefit Option is equal to the lesser of 50% of your *Basic Supplemental* coverage, or

\$50,000. You may receive payment either in one lump sum or split into six equal payments. How you use the money is up to you. The benefits not paid in advance will remain with the plan and will be payable to your beneficiary after your death. You are eligible to use the Living Benefit Option if you furnish certification by a qualified physician that your life expectancy is six months or less. Prudential reserves the right to investigate further to verify your eligibility for this benefit.

Your Sandia Benefits representative in New Mexico or California will assist you with applying for this benefit.

Determination of Benefits

Prudential shall notify you of the claim determination within 45 days of the receipt of your claim. This period may be extended by 30 days if such an extension is necessary due to matters beyond the control of the Plan. A written notice of the extension, the reason for the extension, and the date by which the Plan expects to decide your claim will be furnished to you within the initial 45-day period. This period may be extended for an additional 30 days beyond the original 30-day extension, if necessary due to matters beyond the control of the Plan. A written notice of the additional extension, the reason for the additional extension, and the date by which the Plan expects to decide on your claim, will be furnished to you within the first 30-day extension period if an additional extension of time is needed. However, if a period of time is extended due to your failure to submit information necessary to decide your claim, the period for making the benefit determination by Prudential will be tolled from the date on which the notification of the extension is sent to you until the date you respond to the request for additional information.

If your claim for benefits is denied, in whole or in part, you or your authorized representative will receive a written notice from Prudential of your denial. The notice will be written calculated to be understood by you and shall include

- (a) the specific reason(s) for the denial,
- (b) references to the specific Plan provisions on which the benefit determination was based,
- (c) a description of any additional material or information necessary for you to perfect a claim and an explanation of why such information is necessary,
- (d) a description of Prudential's appeals procedures and applicable time limits, including a statement of your right to bring a civil action under section 502(a) of ERISA following your appeals, and
- (e) if an adverse benefit determination is based on a medical necessity or experimental treatment or similar exclusion or limit, an

explanation of the scientific or clinical judgment for the determination will be provided free of charge upon request.

Appeals of Adverse Determination

You have the right to appeal an adverse determination on your claim, as described below.

First Appeal

If your claim for benefits is denied or if you do not receive a response to your claim within the appropriate time (which means your claim is deemed to have been denied), you or your representative may appeal your denied claim in writing to Prudential within 180 days of receiving the written notice of denial or 180 days from the date such claim is deemed denied. You may submit with your appeal any written comments, documents, records, and any other information relating to your claim. Upon your request, you will also have access to, and the right to obtain copies of, all documents, records and information relevant to your claim free of charge.

A full review of the information in the claim file, and any new information submitted to support the appeal will be conducted by the Prudential Appeals Review Unit. The claim decision will be made by a member of the Prudential Claims Management Team. The Prudential Appeals Review Unit and Claims Management Team members are made up of individuals not involved in the initial benefit determination. This review will not afford any deference to the initial benefit determination.

The Prudential Appeals Review Unit shall make a determination on your claim appeal within 45 days of receiving your appeal request. This period may be extended by up to 90 days if Prudential determines that special circumstances require an extension of time. A written notice of the extension, the reason for the extension, and the date that the Prudential Appeals Review Unit expects to make a decision will be furnished to you within the initial 45-day period. However, if the period of time is extended because you failed to submit information necessary to decide the appeal, the period for making the benefit determination will be tolled from the date on which the notification of the extension is sent to you until the date on which you respond to the request for additional information.

If the claim appeal is denied in whole or in part, you will receive a written notification of the denial from Prudential of the denial. The notice will be written in a manner calculated to be understood by the applicant and shall include

- (a) the specific reason(s) for the adverse determination;

- (b) references to the specific Plan provisions on which the determination was based;
- (c) a statement that you are entitled to have, upon request and free of charge, reasonable access to and copies of, all records, documents, and other information relevant to your benefit claim;
- (d) a description of Prudential's review procedures and applicable time limits;
- (e) a statement that you have the right to obtain, upon request and free of charge, a copy of internal rules or guidelines relied upon in making this determination; and
- (f) a statement describing any appeals procedures offered by the Plan, and your right to bring a civil suit under ERISA.

If a decision on your appeal is not furnished to you within the time periods mentioned above, the claim will be deemed to have been denied upon appeal.

Second Appeal

If the appeal of your benefit claim is denied or if you do not receive a response to your appeal within the appropriate time frame (in which case your the appeal is deemed to have been denied), you or your representative may make a second appeal of your denial in writing to Prudential within 180 days of the receipt of the written notice of denial or 180 days from the date such claim is deemed denied. You may submit with your second appeal any written comments, documents, records, and any other information relating to your claim. Upon your request, you will also have access to and the right to obtain copies of all documents, records, and information relevant to your claim free of charge.

Upon receipt of a second appeal, the Prudential Appeals Review Unit will again fully review of the claim file and any additional information you submitted. The claim decision will be made by a member of the Prudential Senior Claims Management Team. The Appeals Unit and Senior Claims Management Team member would not have been involved in the initial benefit determination or in the first appeal.

The Prudential Appeals Review Unit shall make a determination on your second claim appeal within 45 days of receiving your appeal request. This period may be extended by up to 90 days if Prudential determines that special circumstances require an extension of time. A written notice of the extension, the reason for the extension, and the date by which the Appeals Review Unit expects to make a decision shall be furnished to you within the initial 45-day period. However, if the period of time is extended due to your failure to submit information necessary

to decide the appeal, the period for making the benefit determination will be tolled from the date on which the notification of the extension is sent to you until the date on which you respond to the request for additional information.

If the claim on appeal is denied in whole or in part for a second time, you will receive a written notice from Prudential of the denial. The notice will be written in a manner calculated to be understood by the applicant and shall include the same information that was included in the first adverse determination letter, as well as your right to appeal the decision to Prudential's Appeal Committee. If a decision on your appeal is not furnished to you within the time frames mentioned above, the claim shall be deemed denied upon appeal.

Third Appeal

If the second appeal of your benefit claim is denied or if you do not receive a response to your second appeal within the appropriate time frame (in which case the appeal is deemed to have been denied), you or your authorized representative may make a third appeal of your denial in writing to the Prudential Appeals Committee within 180 days of the receipt of the written notice of denial or 180 days from the date such claim is deemed to have been denied. You may submit with your third appeal any written comments, documents, records, and any other information relating to your claim. Upon your request, you will also have access to, and the right to obtain copies of, all documents, records, and information relevant to your claim free of charge.

Upon receipt of a third appeal, the claim will be directed to Prudential's Appeals committee by a member of the Prudential Senior Claims Management Team. This committee will be composed of three members of the Senior Claims Management Team who have not been involved in any previous appeals.

The Prudential Appeals Committee shall make a determination on your third claim appeal within 45 days of receiving your appeal request. This period may be extended by up to 90 days if Prudential determines that special circumstances require an extension of time. A written notice of the extension, the reason for the extension, and the date by which the Appeals Review Unit expects to make a decision will be furnished to you within the initial 45-day period. However, if the period of time is extended due to your failure to submit information necessary to decide the appeal, the period for making the benefit determination will be tolled from the date on which the notification of the extension is sent to you until the date on which you respond to the request for additional information.

Your decision to submit a benefit dispute to the third level of appeal has no effect on your right to any other benefits under this Plan. If you elect to initiate a lawsuit without submitting to a third level of appeal, the Plan waives any right to

assert that you failed to exhaust administrative remedies. If you elect to submit the dispute to the third level of appeal, the Plan agrees that any statute of limitations or other defense based on timeliness is measured during the time that the appeal is pending.

If the claim on appeal is denied in whole or in part for a third time, you will receive a written notification from Prudential of the denial. The notice will be written in a manner calculated to be understood by the applicant and shall include the same information that was included in the first adverse determination letter. If a decision on your appeal is not furnished to you within the time frames mentioned above, the claim will be deemed to have been denied on appeal.

Termination and Conversion of Coverage

Termination

Your *Basic* and *Basic Supplemental* life and accidental death and dismemberment (AD&D) insurance will terminate if you cease to be an eligible employee or if the Group Term Life Insurance Plans are discontinued.

Conversion

If your employment is terminated, you may convert all or part of your *Basic* and *Basic Supplemental* group term life insurance (but not AD&D) to individual life insurance without having to furnish evidence of good health. You may select any type of individual life policy usually issued by Prudential except for a term policy or a policy with disability or supplementary life benefits. You must apply for conversion and pay the first premium within 31 days after the end of the month in which your coverage terminates. The premium will be based on Prudential's rate for the form and amount of insurance you choose, as well as your class of risk and age at the time. Conversion information is available from your local Prudential representative.

If the Group policy is terminated and your coverage has been in effect at least five years, you may convert the lesser of the following:

- (a) The total amount of your *Basic* and *Basic Supplemental* coverage reduced by the amount of group life insurance you are eligible for within the 31 days following the termination of the policy, or
- (b) \$10,000.

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Assignment of Life Insurance

Assignment

You may make an irrevocable gift assignment of your *Basic Supplemental* life insurance (and AD&D coverage) if Prudential consents in writing. This means you can name someone else as the owner (or assignee) of the policy even though it is your life that is insured.

If you made an assignment, you cannot revoke it later. The person to whom you assign your insurance has the absolute and continuing right to name beneficiaries or to exercise any other privileges that otherwise would have been available to you.

Because legal and tax issues are involved, please consult with your lawyer and tax advisor before taking such an action. If you decide to make an assignment, you may obtain the appropriate forms from Prudential or your Sandia Benefits representative in New Mexico or California.

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General Information

Contracts and Certificate

Plan benefits are provided by the Prudential Insurance Company of America, Prudential Plaza, Newark, New Jersey, 07102.

The Group Term Life Insurance Plans have been described in general terms on the preceding pages. The extent of the insurance for each individual is governed at all times by the complete terms of the master group insurance contracts issued by Prudential. These contracts and certificates are available for inspection upon your request.

ERISA

As a participant in the Group Term Life Insurance Plans, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). This information, as well as certain general information concerning the Plans, is included in the Employee Benefits Binder as a separate booklet called *ERISA Information*. The Prudential Insurance Company of America as Claims Administrator has the sole discretion to interpret the terms of the groups insurance contract, to make factual findings, and to determine eligibility for benefits. Prudential's decision shall not be overturned unless arbitrary and capricious.

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Appendix A

ACRONYMS AND DEFINITIONS

AD&D	Accidental Death and Dismemberment benefit provided by the Sandia Corporation Basic Supplemental Group Term Life Insurance Plan.
annual base pay	Your annual rate of pay plus any lump sums that you received during the past 12 months (such as Individual Performance Awards, Advancement Awards, SAFE Awards, and Distinguished Staff Awards). Supplemental payments other than lump sum awards (such as premiums, allowances, and overtime payments) are not included. If your annual base pay changes, your insurance coverage will change on the same date your new pay rate or lump sum award is scheduled to take effect. You are not required to be actively at work on the date of the change in pay.
Basic	Sandia Corporation Basic Group Term Life Insurance Plan.
Basic Supplemental	Sandia Corporation Basic Supplemental Group Term Life Insurance Plan.
dependent	A person who is related to you by blood, marriage, or adoption, or is under your legal guardianship and who receives more than one-half support from you at the time of your death.
eligible nonregular employee	Any full-time or part-time Sandia employee scheduled to work 20 or more hours a week in the Limited-Term Employee, Post Doctoral appointee, or Year-Round-Faculty Sabbatical appointee job classifications.

ERISA	Employee Retirement Income Security Act of 1974.
IRS	Internal Revenue Service.
OPEIU	Office and Professional Employees International Union, Local 251, AFL-CIO.
Prudential	The Prudential Insurance Company of America.
regular employee	Any full-time or part-time Sandia employee scheduled to work 20 or more hours a week for an indefinite period of time.
retiree	A former employee retired from Sandia with a service or disability pension.
Sandia	Sandia Corporation.
total disability	A condition resulting from sickness or injury that prevents the employee from performing for wage or profit the material and substantial duties of any job for which he or she is reasonably fitted by education, training, or experience.